

## **Designation of Standby Guardian**

### **Signing Instructions**

- This document must be signed in front of two witnesses
- Before signing this document fill in all of your personal information, the guardian's personal information, your child's name, and your child's other parent's name in the yellow highlighted areas; it is not necessary to designate an alternate guardian
- Sign and date on page 2 in front of the two witnesses and print your name below your signature
- Thereafter, the witnesses should read the declaration and sign, date, and print their names and addresses underneath your signature and declaration on page 2
- Once the document is signed, keep it in a safe, fire-proof, place, but do not put it in a bank safe deposit box
- If possible, give a copy to your agent and let your agent know where the original is kept
- Please note that this guardianship will expire 60 days after the date of the execution of this form, at which point the court will have to be petitioned to extend the appointment of the guardian
- **DO NOT ALTER THE WORDING OF THIS DOCUMENT**

## DESIGNATION OF STANDBY GUARDIAN

I, [REDACTED], residing at [REDACTED], hereby designate:

Name: [REDACTED]  
Address:  
Telephone:

as standby guardian of the person and property of my child, [REDACTED], within the meaning of Section 1726 of the Surrogate's Court Procedure Act of the State of New York. Terms used herein and defined in such Section shall have the same meanings as provided in such Section.

The standby guardian's authority shall take effect (i) if my spouse/child's other parent, [REDACTED], should no longer be living or is unable or unwilling to act as guardian for my said child and (ii):

- (a) My doctor concludes in writing that I am mentally incapacitated, and thus unable to care for my said child;
- (b) My doctor concludes in writing that I am physically debilitated, and thus unable to take care for my said child and I consent in writing, before two witnesses, to the standby guardian's authority taking effect; or
- (c) Upon my death.

In the event [REDACTED] is unable or unwilling to act as standby guardian for my said child, I hereby designate:

Name: [REDACTED]  
Address:  
Telephone:

as standby guardian of my said child.

I understand that my standby guardian's authority will cease sixty (60) days after commencing unless by such date he or she petitions the court for appointment as guardian.

I understand that I retain full parental rights even after the commencement of the standby guardian's authority, and may revoke the standby guardianship at any time.

I further authorize the standby guardian to request, receive and review, and be granted full and unlimited access to, and obtain complete unredacted copies of any and all of health, medical, financial information and/or any information and/or records and have executed an authorization form in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, for the child listed above.

In Witness Whereof I have hereunto signed my name this \_\_\_\_\_ day of  
\_\_\_\_\_, 2020.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

I declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness' signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_, 2020

Witness' signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_, 2020

## DESIGNATION OF STANDBY GUARDIAN

I, [REDACTED], residing at [REDACTED], hereby designate:

Name: [REDACTED]  
Address:  
Telephone:

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The standby guardian's authority shall take effect (i) if my spouse/child's other parent, [REDACTED], should no longer be living or is unable or unwilling to act as guardian for my said child and (ii):

- (a) My doctor concludes in writing that I am mentally incapacitated, and thus unable to care for my said child;
- (b) My doctor concludes in writing that I am physically debilitated, and thus unable to take care for my said child and I consent in writing, before two witnesses, to the standby guardian's authority taking effect; or
- (c) Upon my death.

In the event [REDACTED] is unable or unwilling to act as standby guardian for my said child, I hereby designate:

Name: [REDACTED]  
Address:  
Telephone:

as standby guardian of my said child.

I understand that my standby guardian's authority will cease sixty (60) days after commencing unless by such date he or she petitions the court for appointment as guardian.

I understand that I retain full parental rights even after the commencement of the standby guardian's authority, and may revoke the standby guardianship at any time.

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In Witness Whereof I have hereunto signed my name this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

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I declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness' signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_, 2020

Witness' signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_, 2020